

For Official Use Only

1 File Number U

2 Fiscal Year Covered From

11/1/2005 Through 12/31/2005

3 Name and address of person filing

4 Name file number and address of labor organization.

Name Stanley P Emerick

Name	Local 671 Plumbers & Pipefitters
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Labor Organization File Number 058719

P O Box Bldg Room No if any

P O Box Building and Room Number if any

Street 309 Detroit Avenue

Street 309 Detroit Avenue

City Monroe

City Monroe

State **Michigan** ZIP Code + 4 **48162**

State Michigan ZIP Code + 4 48162

5 Position in labor organization

Finance Committee

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name _____

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

7 a Nature of Interest Transaction or Income

7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Stanley P E murch

On

3-29 06

Date _____

(734) 242-5711

Telephone Number

Name of Person Filing	Stanley Emerick	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Local 671 Health & Welfare Trust

Trade Name if any

P O Box Bldg Room No if any

Street 309 Detroit Avenue

City Monroe

State Michigan ZIP Code + 4 48162

9 Business deals with

☒ a Labor Organization

☐ b Trust

☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

reimbursement for lost time wages

11 b Approximate dollar value of such dealing

\$264 08

12 a Nature of interest held or income received

see above

12 b Amount

\$264 08

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment